

THE AIR FORCE READY RESERVE STIPEND PROGRAM (AFRRSP) HEALTH STATUS QUESTIONNAIRE

AUTHORITY: 44 United States Code (U.S.C.) 3101; 10 U.S.C. 133, 2120 through 2130, 8013, and 8032; and Executive Order (E.O.) 9397.

PRINCIPAL PURPOSES: To certify periodic health status of members of the Ready Reserve of the Air Reserve Components (ARC) of the United States Air Force.

ROUTINE USES: To certify health status of members as a requirement for continued participation in the professional training program and/or Ready Reserve of the ARC. The social security number (SSN) provides positive identification.

DISCLOSURE IS VOLUNTARY: If the participant fails to provide the information, including the SSN, the USAFR may medically disqualify the participant for continued participation in the professional training program and/or Ready Reserve of the ARC.

NAME (Last, First, Middle Initial)

SSN

AFR 160-43 requires you to report immediately to HQ ARPC/SG any serious illness or injury, period of hospitalization, chronic health problem, or change in health status that may result in the following: Any absence from your professional training program, or any factor adversely affecting your ability to fulfill your Reserve Service Obligation (RSO) and the continued participation in the Ready Reserve of the ARC. You should complete the questions listed below and return this form to HQ ARPC/SG, Denver CO 80280-5000. If additional space is required, you may use the reverse of this form or additional paper.

1. DURING THE PAST YEAR, HAVE YOU RECEIVED TREATMENT FOR A MENTAL CONDITION? (If yes, specify when, where, and give details.)

2. DURING THE PAST YEAR, WERE YOU DENIED LIFE INSURANCE? (If yes, state reason and give details.)

3. DURING THE PAST YEAR, WERE YOU ADVISED TO HAVE ANY OPERATIONS? (If yes, describe.)

4. DURING THE PAST YEAR, HAVE YOU BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, name of physician, and a complete address of the hospital.)